

**SUBMISSION OF BUSINESS TAX RETURN  
SHOULD BE ON OR BEFORE FEBRUARY 15TH  
BUSINESS TAX RETURN**

**THIS LICENSE EXPIRES IN 30 DAYS**

OFFICE USE ONLY

AUDIT RECOMMENDATION:

YES

NO

APPLICATION MUST BE COMPLETED (1-14) BEFORE PROCESSING.

CITY OF ATLANTA, BUSINESS TAX DIVISION  
55 TRINITY AVE., STE. 1350, S.W., ATLANTA GEORGIA 30335  
(404)330-6270

BUSINESS TAX NUMBER

FOR CITY OF ATLANTA USE ONLY

BUSINESS TAX  
CLASS  
NUMBER

STD. IND. CL. NO.

DATE FILED

COMPLETE ALL SPACES

MONTH

DAY

YEAR

CHECK ☐ RENEWAL

ONE ☐ SOLD OR CLOSED BUSINESS (FINAL)

(GEORGIA REVENUES)

If Revenue is "0", Please indicate "0". DO NOT LEAVE BLANK.

2003 Actual  
Employees

2003 Actual  
Revenue

OUT OF STATE COMPANY WITH NO GEORGIA LOCATION REPORT ATLANTA REVENUE ONLY \$

BUSINESS NAME / DBA		<input type="checkbox"/> NO CHANGE	STREET ADDRESS (Physical Location: Apt, Suite, Etc.)		<input type="checkbox"/> NO CHANGE	CITY, STATE	<input type="checkbox"/> NO CHANGE	ZIP CODE
NAME (IF DIFFERENT THAN LINE 2)		<input type="checkbox"/> NO CHANGE	MAILING ADDRESS (Apt., Room, Suite, Etc.)		<input type="checkbox"/> NO CHANGE	CITY, STATE	<input type="checkbox"/> NO CHANGE	ZIP CODE
			(APT., ROOM, SUITE, ETC.)					
CHECK ONE	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE OWNER	<input type="checkbox"/> CORP. GA <input type="checkbox"/> OTHER	PRINCIPAL OFFICE; CORPORATE NAME		STREET OR P.O. BOX		CITY, STATE	ZIP CODE
OFFICER, AGENT OR ATTORNEY FOR SERVICE OF BUSINESS AFFAIRS IN CITY OF ATLANTA			NAME		STREET		CITY, STATE, ZIP CODE	TELEPHONE
NAME OF OWNER(S) & RESIDENCE ADDRESS (REQUIRED)			NAME		STREET		CITY, STATE, ZIP CODE	TELEPHONE
			SOCIAL SECURITY NUMBER:					
TITLE			NAME		STREET		CITY, STATE, ZIP CODE	TELEPHONE
			SOCIAL SECURITY NUMBER:					
TITLE			NAME		STREET		CITY, STATE, ZIP CODE	TELEPHONE
			SOCIAL SECURITY NUMBER:					

CERTIFICATION: THE INFORMATION HEREIN IS REQUIRED BY SECTION 30 - 68 1995 CODE OF ORDINANCES OF THE CITY OF ATLANTA, GEORGIA.  
In case of an emergency, you must provide contact information below:

I (NAME) \_\_\_\_\_ BEING THE (TITLE) \_\_\_\_\_

TELEPHONE - AREA \_\_\_\_\_ NO. \_\_\_\_\_ OF THE BUSINESS FIRM NAMED, DO

HEREBY REGISTER AND APPLY FOR A BUSINESS LICENSE TO OPERATE SAID BUSINESS WITH DOMINANT BUSINESS ACTIVITY

OF (EXPLAIN TYPE OF BUSINESS) \_\_\_\_\_

ACCORDING TO THE CLASSIFICATION INDEX OF THE BUSINESS TAX ORDINANCE, CITY OF ATLANTA, GEORGIA; THE UNDERSIGNED CERTIFIES THAT HE IS THE PERSON DULY AUTHORIZED BY THE BUSINESS HEREIN NAMED TO FILE THIS REGISTRATION AND APPLICATION FOR A LICENSE, INCLUDING THE ACCOMPANYING SCHEDULES AND STATEMENTS, AND THAT THE SAME ARE TRUE, CORRECT AND COMPLETE.

APPLICANT SIGNATURE \_\_\_\_\_

THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

**CITY OF ATLANTA ZONING DIV. USE ONLY**

ZONING APPR. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DENIED \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CONDITIONS

LOT \_\_\_\_\_ DIST \_\_\_\_\_ ZONING DISTR. \_\_\_\_\_

BY \_\_\_\_\_ DATE \_\_\_\_\_

**NOTICE**

TO AVOID CONTACT BY AN AUDITOR, YOU MUST ATTACH  
A COPY OF YEAR 2002 APPLICABLE TAX RETURN, i.e.,  
(1120, 1065, or 500 thru 700).

**BUSINESS NAME**

(Correct on  
line 2 above)

**BUSINESS LOCATION**

(Correct on  
line 2 above)

**BUSINESS TAX NUMBER**

**MAIL NAME**

(Correct on  
line 3 above)

**MAIL ADDRESS**

(Correct on line 3 above)

- Federal Employee ID # \_\_\_\_\_
- State ID # \_\_\_\_\_

- RETURN ORIGINAL TO CITY OF ATLANTA • KEEP THE COPY FOR YOUR RECORDS  
THIS IS NOT A BILL